



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
Chief Deputy Director

313 North Figueroa Street, Room 708
Los Angeles, California 90012
TEL (213) 240-8156 • FAX (213) 481-2739

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Gloria Molina
First District

Mark Ridley-Thomas
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

August 18, 2009

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *Jonathan E. Fielding*
Director and Health Officer

SUBJECT: **PANDEMIC INFLUENZA H1N1 AND SEASONAL FLU PLANNING –
UPDATE #2**

In follow-up to the July 13, 2009 report, this is to provide you with an update on activities in preparation for pandemic H1N1 influenza (formerly called novel A H1N1 influenza) and seasonal influenza.

Press Conference

Due to an increasing level of media interest and the need to inform the public and partners of local flu planning activities, the Department of Public Health (DPH) will hold a press conference tomorrow morning to emphasize core influenza prevention messages and provide the public with general information regarding our preparation efforts. The press conference will occur at 9:30 a.m. on Wednesday, August 19, 2009 at 313 N. Figueroa St. Room 804, Los Angeles, CA 90012.

DPH Planning Activities

DPH is currently engaged in concerted planning and preparation activities for the fall flu season and the anticipated availability of both seasonal and pandemic H1N1 vaccine starting in the next two months. An internal Steering Committee and seven work groups meet regularly to develop and operationalize the following key aspects of our response:

- Improving flu detection and surveillance;
- Preparing the DPH and partner agency workforce to respond to flu;
- Distributing flu vaccine to the provider community; and
- Communicating with the general public and public and private partners (businesses, schools, day care, CBOs, FBOs, healthcare community, city leaders, jails, and agencies serving vulnerable populations) regarding pandemic H1N1 and seasonal flu.

A key emphasis in our preparation activities includes a robust communication plan. Influenza prevention will be reinforced through the following core influenza prevention messages:

(1) Respiratory hygiene (cover your cough, wash your hands often soap and water); (2) Encouraging the public to stay home when they are sick and providing home care information; (3) Getting vaccinated (both seasonal and H1N1, if applicable); (4) Identification of H1N1 vaccination priority groups; and (5) Creating back-up plans (business continuity plans, alternative dependent care, etc.). Public information will be provided in multiple languages.

CDC Funding for H1N1 Response Activities

The CDC has made funding available to assist jurisdictions in responding to pandemic H1N1. DPH submitted an application for Public Health Emergency Response (PHER) Phase II funding in the amount of \$8.5 million on July 24, 2009. These funds will be provided by the CDC to support accelerated planning activities in preparation for a large vaccination campaign, and to ensure the capacity to detect and monitor influenza through laboratory testing, epidemiology, surveillance, public health investigations, and other associated pandemic response activities.

In addition to Phase I funding, DPH submitted an application for PHER Phase II funding in the amount of \$6.4 million on August 13, 2009 to further accelerate planning for a large-scale, mass vaccination campaign for Pandemic H1N1 influenza starting this fall.

Pandemic H1N1 Influenza Vaccine

Information from the Centers for Disease Control and Prevention (CDC) and other federal agencies indicate that there will be a limited supply of H1N1 vaccine, at least initially, and distribution will be directed by state and local public health agencies. CDC's Advisory Committee on Immunization Practices met July 29, 2009 to make recommendations on who should receive the Pandemic H1N1 Flu vaccine when it becomes available. The CDC's strategy was developed following careful study of disease patterns during the months following the emergence of H1N1. The priority groups recommended to receive the novel H1N1 influenza vaccine include:

- Pregnant women,
- People who live with or care for children younger than 6 months of age,
- Health care and emergency medical services personnel,
- Persons between the ages of 6 months through 24 years of age, and
- Persons ages 25 through 64 years who are at higher risk for serious health effects of pandemic H1N1 because of chronic health disorders or compromised immune systems.

In the County, DPH is planning to manage vaccine distribution through a combination of public channels as well as the designated commercial distributor of pharmaceuticals in order to reach private health providers. The federal government has contracted with five vaccine manufacturers to produce Pandemic H1N1 Flu vaccine to be provided to public and private sector as directed by local health departments. DPH has been recruiting partners to rapidly, efficiently and effectively reach the approximately 5.5 million people in the County who are within the CDC initial target

groups. These partners include health plans, medical groups and providers, community clinics, hospitals, schools, and universities.

DPH, working with its partners, will hold several points of dispensing (PODs) to make vaccine available to uninsured individuals in the priority groups. DPH vaccine distribution planning includes conducting numerous PODs for several weeks. These activities will require an unprecedented response effort from up to third of the total DPH workforce for a minimum of three months. Because of the focus of the majority of the DPH clinical staff in these efforts it is anticipated that regular DPH clinical schedules will change to accommodate vaccine distribution efforts and some non-clinical services will be temporarily reduced.

As with seasonal influenza persons in the initial priority groups will be encouraged to seek vaccine through their regular health care providers.

Despite the determination of priority groups, our assessment is that there likely be a shortage of H1N1 vaccine and DPH will need to need to manage the initial allocation of vaccine carefully. H1N1 vaccine will likely be first available in limited supply in mid to late October which is after the release of seasonal flu vaccine.

Seasonal Influenza Planning

The Department's seasonal influenza planning efforts continue to focus on encouraging the distribution of the bulk of trivalent (three strain) seasonal flu vaccine through partner providers, while maintaining a small allotment as a seasonal flu safety net (e.g., outbreak control, etc.). Review of seasonal influenza vaccine distribution over several years continues to indicate that DPH is a small source of vaccine for the public. County-administered flu immunizations account for approximately 6% of all flu vaccine doses received by County residents.

This year, due to the intensive efforts surrounding distribution of H1N1 vaccine, DPH will distribute seasonal flu vaccine to community partners and community based clinics but play a very limited role in direct administration of seasonal flu vaccine primarily. Public Health Centers will be primary sites for DPH administered seasonal flu vaccine, and DPH seasonal flu outreach will be curtailed.

We will keep you apprised as planning and response activities progress. In the meantime, if you have any questions or need additional information, please let me know.

JEF:al
PH:905:008_1

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors